SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Manufly Michael Addressee  B. Received by (Printed Name)  C. Date of Delivery  Amanda Pritchard  D. Is delivery address different from item 1?  Yes
4 Atiola Addressed to:	If YES, enter delivery address below:
Alabama State Employees Credit Union	
1000 Interstate Park Drive	
Montgomery, Alabama 36109	
	3. Service Type    State Certified Mail   Express Mail   Express Mail   Registered   Receipt for Merchandise   C.O.D.
0.0504440.1445.20045	4. Restricted Delivery? (Extra Fee) Yes
2:05CV1241 (Cup   summ 20 Oys) 2 Article Number 7003 3	110 0002 8171 0493
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-02-M <sup>3</sup> 1540